

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-001753

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

187

STATE FILE NUMBER

FILED JAN 28 1963

## 1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

Kansas City

Length of stay in 1b

6 weeks

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

Jackson County Hospital

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY Jackson

c. CITY OR TOWN

Lee's Summit

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

502 Fairlane St.

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

Ella

Middle

K.

Last

Neff

## 4. DATE OF DEATH

Month

Day

Year

Jan. 9, 1963

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

May 31, 1878

## 9. AGE (last birthday)

84

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

## 10b. KIND OF BUSINESS OR INDUSTRY

None

## 11. BIRTHPLACE (City and state or country)

Blue Springs, Mo. USA

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Willis H. Young

## 13b. MOTHER'S MAIDEN NAME

Missouri Wells

## 14. NAME OF HUSBAND OR WIFE

Oliver Neff (Dec.)

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war, or dates of)

No.

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Mrs. Zora Hamblen, Lee's Summit, Mo

## 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Arteriosclerotic heart disease

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Generalized arteriosclerosis

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from Nov. 26, '62 to Jan. 9, 1963 and last saw her alive on Jan. 8, 1963

Death occurred at 3:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Philip Saper M.D.

## 22b. ADDRESS

Lee's Summit, Mo

## 22c. DATE SIGNED

1/9/63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

Jan. 11, 1963

## 23c. NAME OF CEMETERY OR CREMATORY

Lee's Summit Cemetery

## 23d. LOCATION (City, town, or county)

Lee's Summit, Mo.

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Langsford Funeral Home

Lee's Summit, Missouri

## 25. DATE RECD. BY LOCAL REG.

1-11-63

## 26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION  
BY AFFIDAVIT OF Philip Saper

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.